

Annual Report of Major Outputs and Outcomes, July 2011 – June 2012
New Mexico Department of Health, Epidemiology and Response Division
New Mexico Occupational Health Surveillance Program

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Program type: Fundamental Surveillance

The overall goal of the New Mexico Occupational Health Surveillance Program (NMOHSP) is to conduct occupational illness and injury surveillance and data analysis in order to identify opportunities for intervention and to communicate surveillance findings to those that can affect positive change for workers by:

- collecting and analyzing occupational health indicator data, monitoring existing datasets and case reports, and by conducting limited, focused surveillance where gaps exist
- building and maintaining partnerships with groups who can affect change for worker populations
- disseminating occupational illness and injury data to health care providers, public and occupational health and safety professionals, and to workers and employers
- engaging with partners at the National Institute for Occupational Safety and Health (NIOSH), Council of State and Territorial Epidemiologists (CSTE) and in other states to accomplish the goals of occupational health surveillance
- evaluating and continuously improving the NMOHSP through the assessment of existing databases used for surveillance, the delineation of objectives and approaches for enhancing the program, and the development of measures to demonstrate progress.

MAJOR ACCOMPLISHMENTS AND OUTPUTS

Data collection, analysis and dissemination: Nineteen of 20 Occupational Health Indicators (OHIs) were delivered to NIOSH in June. The remaining indicator, Low Back Disorder Hospitalizations, requires the development of code which factors in exclusions for specific procedures. This indicator will be delivered once the code is developed and tested.

A collaborative project is underway to analyze workers' compensation data from the health care sector for factors leading to injury and to identify interventions that could be implemented with maximum impact. This is a collaborative project between the University of New Mexico, the NM Occupational Health and Safety Bureau (NMOHSB, a.k.a. OSHA) and the NMOHSP. In NM the three industries with the most frequent occurrence of claims are hospitals, nursing homes, and home health care. Patient lifting is a significant contributor to claims, especially in home health care.

Asthma hospitalization visits with workers' compensation as the primary payer were collected and analyzed, and the results were shared with the NM Asthma Program (AP). Updated asthma data for 2010 from workers' compensation were also reported to the AP. These data were incorporated into the Asthma Program's annual report.

Following occupational health disparities surveillance methods presented at the Dec. 2011 Occupational Health (OH) Surveillance Partners Meeting in Orlando, NMOHSP compiled NM data on occupations and high risk industries by race and ethnicity and shared the data internally and with external partners. These data indicate that there are large proportions of Hispanics in certain high risk industries including the Concrete, Lime, and Gypsum Product Manufacturing, Structural Metals, and Tank and Shipping Container Manufacturing, Dairy Product Manufacturing, and Animal Slaughtering and Processing. Culturally appropriate prevention messages should be developed for these industries.

Outreach and Partnerships: Corey Campbell and Dr. Yvonne Boudreau from the NIOSH West office attended our strategic planning meeting in September to move plans forward for the NMOHSP. Corey facilitated strategic planning activities at the meeting and Yvonne described NIOSH's partnerships in the western U.S.

Occupational injury deaths, acute injury amputations and burn hospitalizations were formally added to the Department of Health's notifiable conditions list in February. A letter was mailed to approximately 700 health care providers throughout the state alerting them of the additions. This was accompanied by a list of frequently asked questions on reporting to the NM Occupational Health Registry (NMOHR). The mailing is being followed up by phone calls to recipients of the letter.

In April, the NM Center on Law and Poverty requested training assistance from NMOHSP for the collection and interpretation of occupational illness and injury data for farmworkers. The Center is working to secure mandatory coverage for farmworkers under NM workers' compensation. The Occupational Health Indicator How-to Guide was used as a framework for this training.

NMOHSP participates in the Cancer Concerns Workgroup. This group is comprised of state and university public health practitioners. The group meets every other month to address inquiries from the public about cancers in communities and work places and is drafting a protocol for response to concerns from the public. The NMOHSP is continuing to develop its partnership with the state OSHA, which has posted a link to our program on their website. In January, NMOHSP, OSHA, and other agencies conducted a visit to a worksite where EPA was preparing to engage in the cleanup due to asbestos contamination from a nearby business that had received shipments of vermiculite from Libby, MT.

In October, Program staff conducted outreach at a health fair for Tricare Reference Laboratories employees. Information was disseminated on occupational asthma, lead exposure prevention, and other occupational and environmental health topics. Several hundred employees attended the fair; literature and/or communications were delivered directly to about 75 participants.

Occupational Health Surveillance Partners engagement: The epidemiologist presented the investigation of *M. avium* complex in spa workers at the NIOSH WestON meeting in September. She also participated in a panel discussion on developing partnerships at the winter meeting of the OH Surveillance Partners Meeting in December.

Along with three other OH Partner states, NMOHSP conducted an assessment of state workers' compensation data comparing NCCI nature and cause of injury codes for carpal tunnel (CT) syndrome to the CT code in the Bureau of Labor Statistics OIICS coding system.

Evaluation: Much of the work in the current reporting period has focused on the evaluation and improvement of the internal surveillance protocol. The protocols for notifiable conditions were updated, changes have been administratively accepted, and a timeline for their implementation

has been delineated. As part of the evaluation of the NMOHR data collection, we invited Dr. Robert Harrison, Chief, Occupational Health Surveillance, Evaluator California Department of Public Health, and principal investigator of CSTE's Capacity Building Cooperative Agreement with NIOSH to review our surveillance system. Work with Dr. Harrison yielded important insight on how the Program could tap into other data sources, such as workers' compensation insurers, to obtain surveillance data. He also advised that the NM list of notifiable conditions should include the widest possible range of conditions. We are grateful to Dr. Harrison for his assistance.

Outcomes:

Reports to the NMOHR are slowly but steadily increasing since the addition of occupational injury deaths, acute injury amputations and burn hospitalizations to the Department of Health's notifiable conditions list. Since dissemination of the reporting letter to health care providers in May, injury reports have increased substantially. The State Office of the Medical Investigator (OMI) is reporting occupational injury fatalities in real time. Changes have been made to the public health laws such that hospital inpatient data will be reported directly to the health department, thereby allowing for increased access to identifying information for surveillance purposes. Partnerships with OSHA and employers and other stakeholder groups are continuing to develop in order to address worker health data and prevention needs.

Plans:

- Behavioral Risk Factor Surveillance System (BRFSS) data for industry and occupation will continue to be collected in 2013. Analysis will begin on data from previous years. The OH epidemiologist will attend a CSTE-sponsored workgroup meeting in September for states collecting occupational data on the BRFSS.
- The NMOHSP will continue to pursue the acquisition of state workers' compensation data with identifying information.
- This fall, we will request state-specific, record level Census of Fatal Occupational Injury data from the Bureau of Labor Statistics.
- We will explore the feasibility of using pre-hospital data for occupational illness and injury case-finding.
- The NMOHSP has collaborated with the NM Asthma Program to develop educational material on preventing asthma due to exposure to cleaning products in the workplace. The material will be translated into Spanish and disseminated to select industries and on the respective programs' web pages.

PUBLICATIONS/CITATIONS:

- Moraga-McHaley S, Landen M, Krapfl K, Sewell C. *Mycobacterium avium* Complex Infection with Hypersensitivity Pneumonitis among Spa Workers. IJOEH (submitted).
- Kasner EJ, Keralis JM, Mehler L, Beckman J, Bonnar-Prado J, Lee SJ, Diebolt-Brown B, Mulay P, Lackovic M, Waltz J, Schwartz A, Mitchell Y, Moraga-McHaley S, Roisman R, Gergely R, Calvert GM. Gender differences in acute pesticide-related illnesses and injuries among farmworkers in the United States, 1998-2007. *Am J Ind Med.* 2012 Jul;55(7):571-83.